HUMANA.
Guidance when you need it most

Telephonic Enrollment Application Worksheet
Hours (EST): 8:30am - 5:00pm Saturday
Phone Number: 800-351-7798

- ☐ Phone Number
- ☐ Last Name
- ☐ First Name
- ☐ M.I.
- ☐ Zip Code
- ☐ State
- ☐ Language
- ☐ Date of Birth
- ☐ Gender
- ☐ Street Address (no PO Boxes)
- ☐ City
- ☐ County
- ☐ Enrolling In Medical+Rx or Rx Only
- ☐ Which Plan Option
- ☐ *POA or Witness/Translator
- ☐ Medicare Claim Number
- ☐ Part A Effective Date
- ☐ Part B Effective Date
- ☐ *Diagnosed with ESRD (MAPD only)
- ☐ E-mail Address
- ☐ OK to E-mail
- ☐ Mailing Address (if different from physical address)
- ☐ *At Current Address for Less than 4 Months
- ☐ Election Period
- ☐ Proposed Effective Date
- ☐ *Will Enrollee or Spouse Work Once Enrolled
- ☐ *Will Enrollee or Spouse have Group Health Coverage
- ☐ *Does the Enrollee Have Additional Rx Coverage
- ☐ *Do They Have Medicaid
- ☐ *Resident of a Nursing Home or LTC Facility
- ☐ Emergency Contact (Name, Phone and Relationship)
- ☐ Agent Name
- ☐ Agent SSN
- ☐ Agency Name
- ☐ Should Premium be Billed or Deducted for Their SS Check